



DEPARTMENT OF THE ARMY
HUNTINGTON DISTRICT, CORPS OF ENGINEERS
502 EIGHTH STREET
HUNTINGTON, WEST VIRGINIA 25701-2070

March 27, 2008

SCANNED / QC

REPLY TO
ATTENTION OF

Operations and Readiness Division
Readiness Branch

MAR 31 2008

Kentucky Pollutant Discharge Elimination System
Attn: Ann Workman
14 Reilly Road
Frankfort, KY 40601

Dear Ms. Workman,

Please find enclosed Form 1, Form SC, and check #1066 in the amount of \$1,000 for the reissuance of KDPES Permit No. KY0021971. If you need anything further, please contact me at (304) 399-5365.

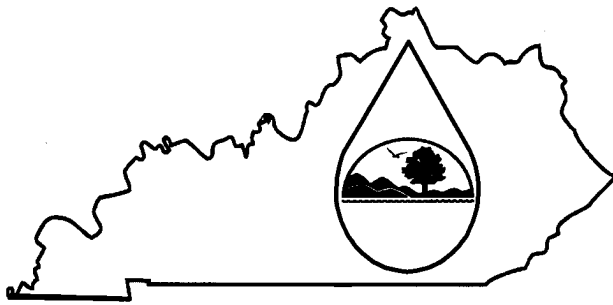
Sincerely,

A handwritten signature in black ink, appearing to read "Kevin L. Osborne", is written above the printed name.

Kevin L. Osborne
Readiness Branch

KPDES FORM 1

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



MAR 31 2008

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

\$1000.00

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE		0	0	2	1	9	7	1	
A. Name of business, municipality, company, etc. requesting permit U.S. Army Corps of Engineers, Huntington District											
B. Facility Name and Location						C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.					
Facility Location Name: U.S. Army Corps of Engineers Fishtrap Lake						Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Kevin Osborne					
Facility Location Address (i.e. street, road, etc., not PO Box): 2204 Fishtrap Raod						Mailing Address: CELRH-OR-E, 502 Eighth Street					
Facility Location City, State, Zip Code: Shelbiana, KY 41562-8142						Mailing City, State, Zip Code: Huntington, WV 25701					
						Facility Contact Telephone Number: (304) 399-5365					

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: At this facility, the U.S. Army Corps of Engineers is primarily involved in flood control and water related recreation.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:			
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: Pike County		City where facility is located (if applicable):	
C. Body of water receiving discharge: Levisa Fork of Big Sandy River			
D. Facility Site Latitude (degrees, minutes, seconds): 82°24'46"		Facility Site Longitude (degrees, minutes, seconds): 37°25'38"	
E. Method used to obtain latitude & longitude (see instructions):		USGS topo map	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):			

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Charles Thacker

Telephone Number:

Operator Mailing Address (Street):

2204 Fishtrap Road

Operator Mailing Address (City, State, Zip Code):

Shelbiana, KY 41562-8142

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

Class I

Certification Number:

8537

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0021971

Issue Date of Current Permit:

Expiration Date of Current Permit:

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Kevin Osborne
DMR Official Telephone Number:	(304) 399-5365

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	CELRH-OR-E
DMR Mailing Address:	502 Eighth Street
DMR Mailing City, State, Zip Code:	Huntington, WV 25701

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Small Non-POTW

Filing Fee Enclosed:

\$1,000

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Mr. ☒ Ms. ☐ Kevin L. Osborne, Environmental Engineer

SIGNATURE



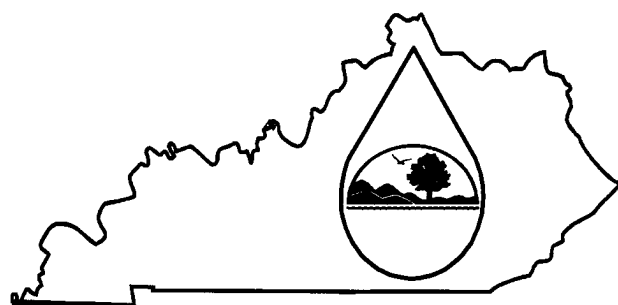
TELEPHONE NUMBER (area code and number):

(304) 399-5365

DATE:

20 March 2008

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

MAR 31 2008

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: U.S. Army Corps of Engineers Fishtrap Lake							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?		7					
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): The system was designed for a utility building (10 workers); a visitor's center with 2 water closets, 2 lavatories, and 1 drinking fountain; two dwellings; fisherman access comfort station serving 160 people per day; and a boat launching area comfort station serving 280 people per day.							
B. If new discharger, indicate anticipated discharge date:							
C. Indicate the design capacity of the treatment system:				0.005 MGD			

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	82	24	46	37	25	38	Levisa Fork of the Big Sandy
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS Topo Map			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sanitary Wastewater	5000 GPD	Activated Sludge, Sand Filtration, Disinfection	3-A, 1-V, 2-F

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:		(If bypass points are indicated, information below must be completed for each bypass.)
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Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Utility Office	9
Below Dam Comfort Station	160
Luanch Ramp Comfort Station	280
TOTAL POPULATION SERVED	449

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS


A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	5 mg/L	5 mg/L	1
TOTAL SUSPENDED SOLIDS	8 mg/L	8 mg/L	1
FECAL COLIFORM	<10	<10	1
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA	1.4 mg/L	1.4 mg/L	1
DISCHARGE FLOW	0.001 MGD	.001 MGD	1
PH	7.19	7.19	1
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Kevin L, Osborne, Environmental Engineer	TELEPHONE NUMBER (area code and number): (304) 399-5365
SIGNATURE 	DATE 20 March 2008

